Pre-Application Webinar for FOA PS14-1402

Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS)

Sheila Edwards

Grants Management Officer

June 17, 2013

Agenda

- ❑ **Pre-Application Information**
- ❑ **Budget Guidelines**
- ❑ **Application Tips**
- ❑ **Points of Contact**
- ❑ **Useful Resources**
- ❑ **Questions and Answers**

PRE-APPLICATION INFORMATION

Grants Management Process

- ❑ **Planning**
- ❑ **Announcement**
- ❑ **Application Evaluation**
  - ▪ Receipt and Screening
  - ▪ Independent/Objective Review
  - ▪ Business Management Evaluation
  - ▪ Cost Analysis
- ❑ **Negotiation**
- ❑ **Award**
- ❑ **Post-Award Monitoring**
  - ▪ Formal Actions
  - ▪ Audit Resolutions
  - ▪ Conflict Resolution
- ❑ **Closeout**

HHS Grant Management Process

Closeout — Planning — Announcement — Application Evaluation — Negotiation — Award — Postaward Monitoring
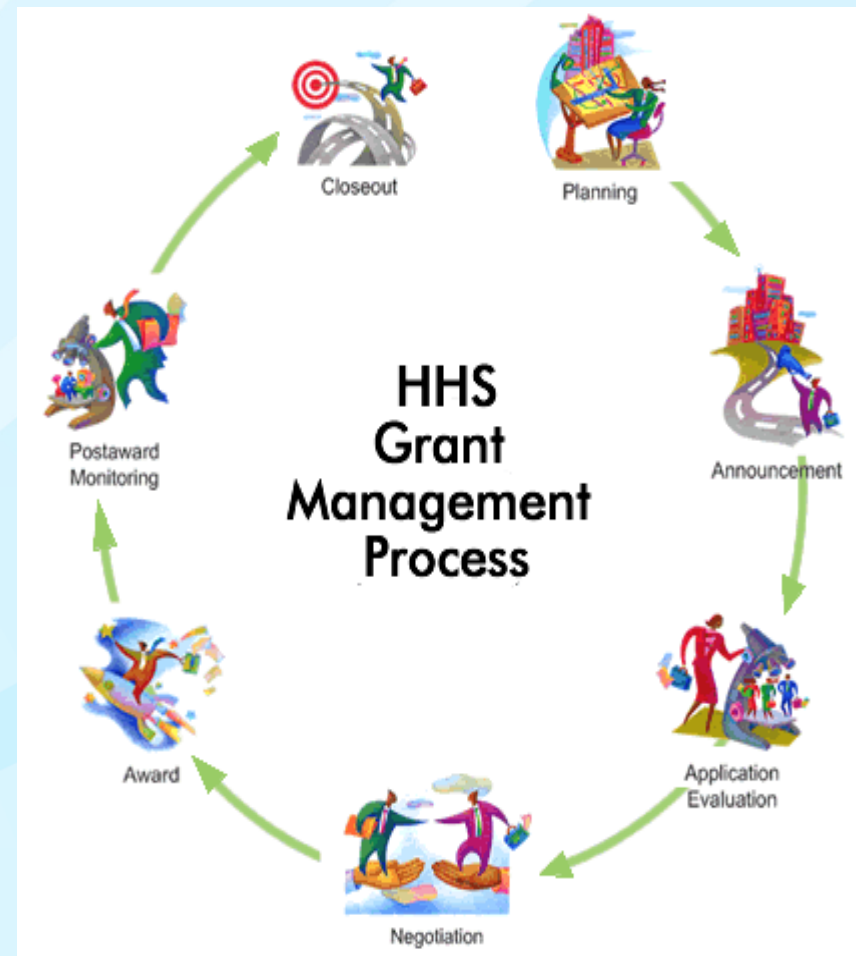
Grant Application Process

❑ **Prior to applying:**

- Become familiar with the Grants.gov website

- Keep track of the technical assistance provided through the Grants.gov website

- Become familiar with the HHS Grants Policy Statement

- Ensure that your organization has the following readily available and current:

  - Data Universal Numbering System (DUNS) number
  - Employer Identification Number (EIN)
  - System for Award Management (SAM) Registration
    - Central Contractor Registration (CCR) number
  - Bank account information

- Review the funding opportunity announcement (FOA)

Grant Application Process

❑ **Register NOW with Grants.gov**

- Your organization must complete the Grants.gov registration process to apply for a grant.

- Registration process can take between 3-5 business days or as long as four weeks

Grant Application Process

❑ **Grants.gov Registration Requirements**

- Data Universal Numbering System (DUNS) Number
  - Application: http://fedgov.dnb.com/webform/pages/CCRSearch.jsp
  - For help either call (866) 705-5711 or e-mail CCRhelp@dnb.com
- System for Award Management (SAM)
  - Create a user account
  - Gain Central Contractor Registration (CCR) number
  - Web: https://www.sam.gov/portal/public/SAM/
  - For help check the user guide first and then…
    - ○ Call (866) 606-8220 (domestic calls)
      (334) 206-7828 (international calls)
    - ○ Visit: https://www.fsd.gov
- Employer Identification Number (EIN)

❑ **Grants.gov Tutorial**

Grant Application Process

- ❑ **Find a funding opportunity announcement**
    - ▪ Download the full FOA
    - ▪ Read FOA instructions carefully
    - ▪ Prepare all required forms, documents, and appendices in response to the FOA

Grant Application Process

☐ **Submit an application**

- You must be completely registered on Grants.gov to upload a completed application.
- No extensions to the FOA application due date are granted. No exceptions.
- All applications must be submitted and accepted via www.Grants.gov.

Step 1 Download a Grant Application Package

Downloading a grant application package allows you to complete it offline and route it through your organization for review before submitting.

Click here to verify if your Adobe software version is compatible with Grants.gov.

Instructions on how to open and use the forms in the package are on the application package cover sheet. Agency specific instructions are available for download when you download your application package, which will include required information for your submission.

Step 2 Complete the Grant Application Package Step

Now that you have downloaded an application package, complete the grant application offline. Save changes to your application as you go, Grants.gov does NOT automatically save changes. The package cannot be submitted until all required fields have been completed.

View a narrated tutorial on how to complete a grant application package using Adobe. If you're having problems completing the package, view our Frequently Asked Questions.

Step 3 Submit the Completed Grant Application Package

Grant Application Process

❑ **When completing applications:**

- Review and follow instructions and deadlines provided in the FOA

- Provide a proposed narrative and explain the project completely

- Prepare a budget as it relates to the requirements identified in the FOA

  - Also make sure to follow CDC Budget Guidelines when preparing a budget.

- Identify key personnel and applicable duties (e.g., Program director and business official)

- Identify the approving officials for the organization to prevent processing delays

Grant Application Process

❑ **When completing applications:**

- Include key forms/documents
  - SF 424 Application for Federal Assistance (non-research)
  - SF 424 R&R Forms Application for Federal Assistance (research)
  - SF 424A Budget Information
  - SF 424B Assurances
  - Budget and Project Narrative
  - Budget Spreadsheet (for consolidated programs)
  - Debarment and Suspension Certification
  - Certification for Trafficking Victims Protection Act of 2000

❑ **All new non-research and research grant applications must be submitted through Grants.gov**

BUDGET GUIDELINES

Preparing Your Budget

□ **In order to prepare a proper budget, it is important to know the following:**

- the types of costs that are allowable
- the cost principles to apply
- differences between direct & indirect costs

□ **To assist you in preparing your budget, please follow the template and budget guidelines at:**

http://www.cdc.gov/od/pgo/funding/grants/Budget_Guidelines.doc

Cost Considerations

❑ **Cost Principles:**

- Provided in OMB Circulars (A-21 Educational Institutions; A-87 State, local, tribal governments; A-122 Non-Profit Organizations)

- If the financial management system meets 45 CRF 74.21 standards, grantees can use their own accounting systems, policies, and procedures to implement the cost principle requirements

❑ **Direct Costs:**

- Costs identified specifically with a particular award, project or program, service, or other organizational activity

❑ **Indirect Costs:**

- Facility or administrative costs – costs incurred for common or joint objectives

- In order to be approved, an agency must have a current, federally negotiated and approved indirect cost rate agreement

Common Budget Challenges

- **Salary and Fringe Benefit line items**
    - A description of the responsibilities should be provided.
    - The description should be directly related to specific program objectives
    - Salary:
        - **Must not exceed Executive Level II or $179,700**
    - Fringe Benefit:
        - Allowable provided such benefits are granted in accordance with established written organizational policies

Common Budget Challenges

❑ **Sample Salary Budget & Justification**

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Project Coordinator Susan Taylor	$45,000	100%	12	$45,000
Finance Administrator John Johnson	$28,500	50%	12	$14,250
Outreach Supervisor (Vacant*)	$27,000	100%	12	$27,000
Total Personnel				$86,250

Job Description: Project Coordinator – (Susan Taylor)

This position directs the overall operation of the project including overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of service and training, collects, tabulates and interprets required data, … (refer to budget guidelines for full example)

Common Budget Challenges

- ❑ **Sample Fringe Benefits Budget**
  - ▪ Compute by an established percentage of salaries:

    25% of Total Salaries = Fringe Benefits

    <u>Total Personnel</u>: $86,250   <u>Total Fringe</u>: $21,562.50

  - ▪ OR itemize how the amount of each benefit is determined for each salary

    Project Coordinator Salary - $45,000

Fringe Benefits	Percentage of Salary	Amount Requested
Retirement	5%	$2,250
FICA	7.65%	$3,443
Insurance	N/A	$2,000
Workers Compensation	N/A	$5,000
Total Fringe		$12,693

Common Budget Challenges

❑ **Travel**

- Staff travel
    - Shown in the "Travel" category
    - The only dollar amount included in the "Travel" category
- Consultant travel
    - Shown in the "Consultant" category
- Other participants, advisory committees, review panels, etc. travel
    - Shown in the "Other" category
- Provide justification for both in-state and out-of-state travel including the itemized information listed in the budget guidelines

Common Budget Challenges

❑ **Sample Travel Budget & Justification**

Total In-State Travel: $2,577

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
1	2	N/A	500 mi.	$0.27	$270
25	1	N/A	300 mi.	$0.27	$2,025
Total Transportation					$2,295

Per Diem or Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Per Diem	2	2 days	$37/day	$148
Lodging	2	1 night	$67/night	$134

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference (refer to budget guidelines for full example).

Common Budget Challenges

□ **Sample Travel Budget & Justification**

Total Out-of-State Travel: $773

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
1	1	$500	N/A	N/A	$500

Per Diem or Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Per Diem	1	3 days	$45/day	$135
Lodging	1	1 night	$88/night	$88

Ground Transportation?	Number of People	Amount Requested
Yes	1	$50

The Project Coordinator will travel to CDC, in Atlanta, GA to attend the CDC conference.

Common Budget Challenges

❑ **Contractual Costs**

- ▪ Grantees must receive written approval from CDC prior to establishing a third-party contract to perform program activities

- ▪ The following information is required to be submitted:

  - Name of contractor
  - Method of selection
  - Period of performance
  - Scope of work
  - Method of accountability
  - Itemized budget and justification

Common Budget Challenges

❑ **Consultant Costs**

- Grantees must receive written approval from CDC prior to establishing a written agreement for consultant services (e.g., training, expert consultant, etc.)
- The following information is required to be submitted:
  - Name of consultant
  - Organizational affiliation (if applicable)
  - Nature of services to be rendered
  - Relevance of service to the project
  - Number of days of consultation (basis for fee)
  - Expected rate of compensation
  - Method of accountability

Common Budget Challenges

❑ **Equipment vs. Supplies**

- Equipment:
  - Useful life of more than one year AND a cost of ≥$5,000 per unit
  - Consider maintenance costs in budget
  - Provide justification which includes the use and relationship to the specific program objectives
- Supplies:
  - General office supplies may be shown by an estimated amount per month times the number of months in this budget category
  - Major supply items (<$5,000) should be justified and related to specific program objectives
  - Provide justification and relate it to specific program objectives

Common Budget Challenges

❑ **Sample Equipment Budget & Justification**

Item Requested	Number Needed	Unit Cost	Amount Requested
Computer Workstation	2 ea.	$5,500	$11,000
Computer	1 ea.	$6,000	$6,000
Total Equipment			$17,000

The computer workstations will be used by the principal investigator and statistician to collect required data, perform data analysis, and generate reports. These computers will also support the daily operation of the project, routine correspondence, research, and electronic communication.

Common Budget Challenges

❑ **Sample Supplies Budget & Justification**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Computer Workstation	(Specify type)	3 ea.	$2,500	$7,500
Word Processing Supplies	(Specify type)	1 ea.	$400	$400
Educational Pamphlets	N/A	3,000 copies	$1	$3,000
General Office Supplies	Pens, pencils, paper	12 months	$20/month per person for 10 people	$2,400
Total Supplies				$19,900

Office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from Vendor X and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

Common Budget Challenges

❑ **Other**

- Contains items not included in previous budget categories
- Provide justification which includes the use and relationship to the specific program objectives

Application Tips

- **Only submit one application package per organization.**
- **Organize and format the application as outlined in the FOA**
- **Provide:**
  - Table of contents
  - Current Indirect Cost Rate Agreement
  - Documentation of eligibility
  - Page numbers
- **Include a signed cover letter that cites :**
  - FOA number and category(ies) applying for
  - Budget amount
  - Organization point of contact

Application Tips

- **Provide a complete budget with sufficient budget detail and narrative.**
  - The total of the direct and indirect costs must not exceed the ceiling of the funding amount listed in the FOA.
- **Remain consistent with FOA concepts and themes but do NOT repeat FOA language verbatim.**
- **Provide realistic and measurable goals and objectives.**
- **Ensure that the application is consistent with program objectives/activities and the evaluation plan.**
- **Ensure letters of support are specific to application** *(if provided)*

Application Tips

❑ **Any pages in excess of page limits will be removed from application and not forwarded to review panel.**

❑ **Use the FOA and evaluation criteria section as guide to develop the work plan and project narrative.**

❑ **Do NOT wait until the last minute to submit your application.**

Application Tips

❑ **Application packages must be SUCCESSFULLY submitted into Grants.gov no later than the date stated in the FOA.**

❑ **Extensions to the due date will <u>NOT</u> be granted.**

❑ **Submit your application package as early as possible**

  ▪ Recommend submission <u>at least 7 days</u> prior to due date

  ▪ Ensure all Grants.gov errors are cleared up prior to the due date
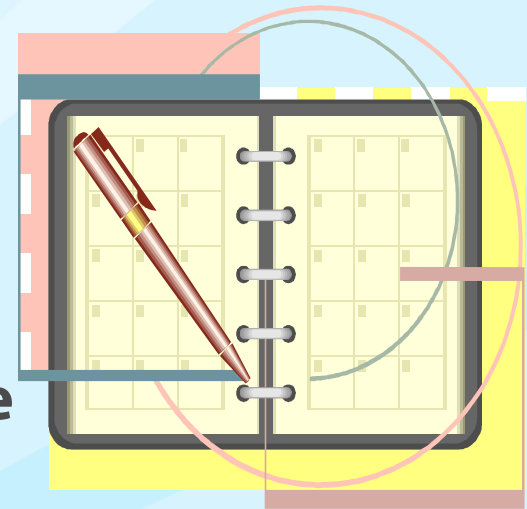
Points of Contact

- **Grants.gov Registration and Submission Assistance**
  - Contact Grants Program Management Office
    - E-mail: support@grants.gov
    - Phone: 1-800-516-4726, Monday-Friday 7am-9pm (EST)
      Closed on federal holidays
- **Grants.gov Application Assistance**
  - Contact PGO TIMS: (770) 488-2700 or PGOTIM@cdc.gov
- **Programmatic Questions**
  - Contact Karen Stamey, Program Office
    - E-mail: KLS6@cdc.gov or Phone: (404) 4098
- **Policy or Budgetary Questions**
  - Contact Sheila Edwards, Grants Management Officer
    - E-mail: FYQ5 @cdc.gov or Phone: (770) 488-1644

Useful Resources

- **HHS General Grants Information**
  - **Web - NEW: http://www.cdc.gov/od/pgo/funding/grants/grantmain.shtm**
    - Web: http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html
- **HHS Grants Policy Statement**
    - Web: http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf
- **2 Code of Federal Regulations, Grants and Agreements**
    - Web: http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr225_main_02.tpl
- **45 Code of Federal Regulations, Part 74 (Non-profits) and Part 92 (State, Local and Tribal Governments)**
    - Web: http://www.access.gpo.gov/nara/cfr/waisidx_09/45cfr74_09.html
    - Web: http://www.hhs.gov/opa/grants/toolsdocs/45cfr92.pdf

Useful Resources

❑ **OMB Circulars**
- Web: http://www.whitehouse.gov/omb/circulars_default
- A-21: Cost Principles for Educational Institutions
- A-87: Cost Principles for State, Local and Indian Tribal Governments
- A-102: Grants and Cooperative Agreements with State and Local Governments
- A-122: Cost Principles for Non-Profit Organizations
- A-133: Audits of States, Local Governments and Non-Profit Organizations

❑ **Budget Guidelines**
- Web: http://www.cdc.gov/od/pgo/funding/budgetguide.htm

❑ **HHS Division of Cost Allocation**
- Web: http://rates.psc.gov/fma/dca

Useful Resources

- **CDC Grantee's Financial Reference Guide**
  - Web – NEW:
    http://www.cdc.gov/od/pgo/funding/grants/policymain.shtm
- **CDC official website**
  - Web: http://www.cdc.gov
  - Web: http://www.cdc.gov/about/business/funding.htm (PGO's home page)

Questions and Answers

Sheila Edwards

**Grants Management Officer
Telephone: (770) 488-1644
E-mail: Sedwards@cdc.gov**

Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies

Gail Bolan, M.D.

Director, Division of STD Prevention

CDC FOA Template Redesign

❑ In response to recent recommendations from the Advisory Committee to the Director (ACD) to improve CDC grants

❑ These changes will help standardize FOA development and content with the goal of increased accountability and maximum impact

❑ Standardize FOA planning and content, such as boilerplate language, is used to simplify the writing process

❑ Ensures that all FOAs include clearly defined outcomes and evaluation metrics, support essential public health activities associated with accreditation, and encourage use of direct assistance

FOA Template Purpose, and Scope and Audience

- **Purpose:** Resource for writing clear and succinct Funding Opportunity

- **Scope**: Applies to new, domestic, non-research FOAs
    - New announcements refer to any FOA that is not a continuation or supplemental award. CDC programs should use this template (with required language and formatting) in conjunction with the appropriate guidance when developing FOAs

- **Standards and Format Development:** CDC programs must adhere to this template and corresponding guidance when developing new, non-research, domestic FOAs
    - When possible, programs are expected to initiate planning at least 12 months prior on www.grants.gov

- **Audience:** For CDC program staff who develop and write the FOA

- **Background**: FOAs must be consistent with federal statutes, regulations and HHS policies governing grants administration and that provide overall direction for developing FOAs
    - HHS provides further direction in the HHS Grants Policy Statement and the Awarding Agency Grants Administration Manual

Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies

- ❑ Part A is called "STD AAPPS"
- ❑ Part B is called "GISP"
- ❑ Existing cooperative agreement, CSPS, expires 12/31/13
- ❑ New project cycle: 2014-2018
- ❑ Award start date: 1/1/14

STD AAPPS Award Information

❑ **Application due 9/12/13 on www.grants.gov**

❑ **Awards announced via DSTDP's web link on 12/1/13**

❑ **Project period: 5 years**

❑ **Budget period: 12 months**

❑ **Anticipated award date: 1/1/14**

❑ **Type of award: Cooperative agreement**

❑ **Number of Awards: Part A- STD AAPPS: 59 awards; Part B- GISP: up to 25 awards**

❑ **Eligible Applicants for Part A and B: 50 State public health agencies; LA, SF, DC, Chicago, Baltimore, NYC, Philadelphia, PR, USVI**

Target Populations

❑ **Part A- STD AAPPS:**

- Adolescents, young adults and MSM, including racial and ethnic minorities among these populations

❑ **Part B- GISP:**

- Men with symptomatic gonococcal urethritis, including racial, ethnic, and sexual minorities seen in categorical STD clinics and enrolled in GISP for the purposes of gonorrhea surveillance

Purpose, Outcomes, Goals

❑ **Purpose:**

   To strengthen STD prevention programs in eligible jurisdictions

❑ **Outcomes:**

1) Increased community and population screening and treatment per CDC guidance;
2) Improved services for STD clients and their partners including linkages to care;
3) Reduced re-infection; and
4) Increased community and provider knowledge of STD-related treatment, prevention, epidemiology and effective polices

❑ **Long-term goals:**

1) Reduce the incidence of CT, GC, and syphilis and their respective sequelae;
2) Improve the integration of STD services into clinical care across the healthcare system;
3) Increase access to STD services for those populations most at-risk; and
4) Reduce the threats of antibiotic resistant GC, other emerging STDs, and reduce congenital syphilis.

Overview of Part A: STD AAPPS

- **Assessment:**
  - Surveillance
  - Monitoring of screening rates
  - Assessing gaps in service
  - Capacity to address AR GC, CS & other STDs
- **Assurance:**
  - Screening and treatment
  - Partner services
  - Health education and promotion
- **Policy:**
  - Monitoring and evaluating impact of relevant policies
  - Educating public, providers and key stakeholders on effective policy approaches
  - Enhancing collaboration with primary care, as a means to expand access to STD prevention services

Outcomes for Part A- STD AAPPS (2-5 years)

- ❑ Increased community screening and treatment per CDC guidance (e.g., more sexually active young women ages 15-24 screened for CT and more MSM screened for STDs)

- ❑ Improved services for STD clients and their partners including linkages to care (e.g., more HIV-syphilis and HIV-GC co-infected clients identified and linked to appropriate HIV care)

- ❑ Reduced re-infection (e.g., in CT, GC, and syphilis, through partner services and appropriate treatment)

- ❑ Increased community and provider knowledge of STD-related treatment, prevention, epidemiology and effective policies

Long Term Outcomes for Part A- STD AAPPS

- ❑ Reduce the incidence of CT, GC, and syphilis and their respective sequelae

- ❑ Improve the integration of STD services into clinical care across the healthcare system

- ❑ Increase access to STD services for those populations most at-risk

- ❑ Reduce the threats of antibiotic resistant CG, other emerging STDs, and reduce congenital syphilis

Assessment

❑ **Core assessment strategies**

    A) conducting surveillance

    B) monitoring screening rates

    C) assessing gaps in service

    D) monitoring antibiotic-resistant gonorrhea, congenital syphilis and other emerging STD threats

❑ **At a minimum, awardees should achieve the following outputs:**

    1) strengthened surveillance and data collection systems

    2) stronger capacity to monitor screening and treatment per CDC guidance

    3) identification of service gaps

    4) stronger capacity to direct resources to most at-risk populations

Surveillance

❑ **At a minimum, all STD programs must include the following surveillance activities:**

- Ensure confidentiality and security guidelines for the collection, storage, and use of all surveillance data

- Improve the quality of case-based data collection

- Geocode case-based surveillance data to target interventions to providers and to populations in geographic areas with high numbers of reported infections

- Conduct automated matching of STD and HIV cases

- Disseminate surveillance information with affected populations, communities, providers and key stakeholders

Monitor Screening Rates

❑ **At a minimum, all STD programs must include the following monitoring activities:**

- Measure annual chlamydia screening rates among young females (15-24 years) enrolled in Medicaid programs, and seen in Title X and other family planning clinics, ideally using the chlamydia HEDIS measure

- Measure annual syphilis and rectal gonorrhea screening rates among MSM seen in high volume HIV care settings

Assess Gaps in Safety Net Services

❑ **At a minimum, all STD programs must partner with others to accomplish these activities:**

- Determine where uninsured clients are receiving safety net services

- Identify the clinical and prevention service gaps for patients who are receiving care (e.g., missed opportunities by providers)

Monitor ARGC

❑ **At a minimum, STD programs must accomplish these activities in jurisdictions with high gonorrhea morbidity:**

- Assess the proportion of GC cases that are treated correctly

- Determine the number of private or public health laboratories in the jurisdiction that have the capacity to conduct N. gonorrhoeae culture and AST

Monitor Congenital Syphilis

❑ **At a minimum, STD programs must accomplish these activities in jurisdictions with high number of congenital syphilis cases:**

  ▪ Assess congenital syphilis cases to determine the epidemiologic and health care factors associated with the cases to inform interventions

Assurance

❑ **Prevention strategies are an array of interventions used by STD programs to:**

1) promote healthy behaviors and prevent the acquisition of STDs;

2) identify and promptly treat infections to prevent further transmission and avoid personal health consequences;

3) identify and treat sexual partners and other individuals at risk for infection; and

4) provide or improve structural conditions that facilitate healthy behavior or prompt treatment.

Assurance Outputs

❑ **At a minimum, awardees should achieve the following outputs**

1) Stronger systems to promote recommended screening and treatment practices; monitor linkages to care;

2) More targeted and effective partner services;

3) Stronger systems to monitor linkages to care and other services; and

4) Identification of gaps in health promotion/prevention education as well as gaps in policy awareness.

Screening and Treatment of Individuals per CDC Guidance

❑ **At a minimum, STD programs must address these four priority assurance activities:**

- Increase chlamydia screening rates among young females (15-24 years) enrolled in Medicaid programs, and seen in Title X and other family planning clinics, using the chlamydia HEDIS measure.

- Provide assistance (at least 13.5 percent of the overall award amount) to non-profit organizations that have demonstrated their ability to provide safety net STD clinical preventive services.

- Increase syphilis and rectal gonorrhea rates among MSM seen in high volume HIV care settings.

- Increase the proportion of patients with GC that are correctly treated in areas of high GC morbidity or areas with high GC health disparities.

Partner Services/Outreach Services and Linkage to Care

❑ **At a minimum, STD programs must accomplish the following:**

- Increase the provision of targeted and effective health department Disease Intervention Specialist (DIS) partner services for:
  - Primary and secondary syphilis cases
  - HIV co-infected GC and syphilis cases
  - GC cases with possible treatment failure cases
- Link partners contacted who have not been diagnosed previously with HIV who test positive for HIV to care

Health Promotion and Prevention Education

❑ **At a minimum, STD programs must accomplish these two priority assurance activities:**

- Maintain a website where surveillance information and basic information about STDs is available to the public, health care providers, health planners and policy makers.

- Collaborate with other organizations to implement STD health promotion and prevention education activities for safety net or other clinical providers who see many at-risk patients.

Policy Development

❑ **At a minimum, all STD programs must address these three priority policy development activities:**

- Monitor, and evaluate impact of relevant policies.

- Educate public, providers and key stakeholders on the positive potential or proven impacts of policies on reducing sexually transmitted infections.

- Work with external partners and other agencies within the executive branch of state or local governments to improve access and quality of STD prevention services through enhanced collaboration with primary care.

Part B: GISP

- STD clinic and local or state public health labs
- Collects and transports gonorrhea strains to CDC's reference GISP laboratories

Part B- GISP Outcomes

❑ Improve gonorrhea antimicrobial resistance surveillance and data collection systems to assess national rates of antimicrobial resistant GC and inform national treatment recommendations

❑ Maintain a CDC GISP isolate reference specimen bank to facilitate quality antimicrobial susceptibility testing capacity and GC diagnostic and therapeutic development

GISP Program Strategy

- ❑ GISP STD clinics will collect urethral *N. gonorrhoeae* isolates from the first 25 men with gonococcal urethritis seen in the categorical STD clinic each month.

- ❑ Gonococcal isolates will be subcultured from the selective primary medium to a non-inhibitory medium in the local public health laboratory, as described in the GISP protocol.

- ❑ Isolates will be assigned sequential identifiers, frozen and shipped monthly to the assigned GISP Regional reference laboratory for antibiotic susceptibility testing.

- ❑ De-identified specified demographic and clinical data elements associated with each isolate will be collected and electronically submitted to CDC.

Collaborations

❑ **With CDC funded programs**

Part A- STD AAPPS

- At a minimum, applicants should develop a plan and timeline for:
  - working with HIV prevention programs on integrating STD and HIV data;
  - integrating and enhancing STD screening among populations at risk for STDs and HIV;
  - collaborating on the design and implementation of PreP or other HIV prevention interventions to ensure routine STD screening is consistently offered;
  - integrating STD and HIV partner services;
  - Working with those funded by DASH

Part B- GISP

- Describe plans to transport isolates to a CDC-funded GISP regional reference laboratory and work closely with the GISP reference laboratory to achieve timely transport of viable and non-contaminated isolates.

Collaborations

❑ **With organizations external to CDC**

Part A- STD AAPPS

- Must describe plans and provide a timeline to work with and/or support Tribal Governments

- Must partner with and are strongly recommended to fund organizations external to health departments that have access to target populations, especially community-based organizations, including not-for-profit clinics working with adolescents and young adults and MSM

- Must describe how they propose to include and fund these organizations in the planning and prioritization of activities to ensure that the needs of target populations are addressed

Collaborations

❑ **With organizations funded by other federal agencies Part A- STD AAPPS**

- Health Resources Services Administration (HRSA) programs such as

  a) Ryan White HIV/AIDS programs

  b) federally qualified health centers, and

  c) state maternal and child health programs.

- Other programs funded by the HHS Office of Population Affairs and Office of Adolescent Health

  - Family planning clinics and teen pregnancy prevention programs

- The state Medicaid program

Collaborations

- **Other organizations**

  Part A- STD AAPPS

  1) health plans

  2) state primary care associations

  3) professional medical and nursing organizations

  4) state and local education agencies

  5) organizations providing services to incarcerated populations

  6) schools of public health and other academic institutions

  7) business community

Work Plan

- ❑ **A work plan template will be provided on the DSTDP FOA website.**

- ❑ **The work plan must at a minimum include:**
  - ■ Activities and timelines to support achievement of FOA outcomes. These activities should be in alignment with the FOA logic model and should have appropriate performance measures for accomplishing tasks.

  - ■ Staff, contracts and administrative roles and functions to support implementation of the award.

  - ■ Administration and assessment processes to ensure successful implementation and quality assurance.

  - ■ Additional contextual information and rationale for proposing the portfolio in year 1 and briefly outline proposed activities for years 2-5.

CDC Evaluation and Performance Measurement Strategy

- ❑ **Finalize performance measures (output and outcome measures)**
- ❑ **Baseline data required on highest priority measures**
- ❑ **System for awardees to report and access required performance measures will be provided**
- ❑ **DSTDP will work with awardees to analyze and use data**
- ❑ **DSTDP expects programs to track additional measures**

CDC Evaluation and Performance Measurement Strategy

Part A- STD AAPPS

❑ **Chlamydia screening, for example:**

- ▪ Proportion/number of sexually active females ages 15-24 years who are screened annually for CT in Medicaid programs

- ▪ Proportion/number of uninsured or underinsured sexually active females ages 15-24 years who are screened for chlamydia/gonorrhea with DSTDP AAPPs funding support

❑ **Identification of new HIV-infected persons through STD prevention and control efforts, for example:**

- ▪ Proportion/number of STD clinic clients of unknown or negative HIV status who test positive for HIV

- ▪ Proportion/number of partners of people co-infected with STD/HIV who are of unknown or negative HIV status and test positive for HIV

- ▪ Among those newly identified HIV infected individuals, proportion/number who are linked to HIV care

- ▪ Among those partners who are known to be HIV positive but are not in care, proportion/number who are linked to HIV care

CDC Evaluation and Performance Measurement Strategy

Part B- GISP

- Number of cases of gonorrhea urethritis diagnosed in the STD clinic
- Number of isolates submitted
- Percentage of submitted isolates that were found by the GISP reference laboratory to be non-viable or contaminated
- Percentage of monthly isolate batches shipped to the GISP reference laboratory within one week after the end of monthly collection
- Percentage of monthly data transmissions that were submitted to CDC within 4 weeks after the end of the month in which the corresponding isolates were collected
- Percentage of collected isolates for which the following data elements were reported: (a) age, (b) race/ethnicity, (c) gender of sex partner, (d) HIV status, (e) antibiotic use, (f) travel history, and (g) treatment

Applicant Evaluation and Performance Measurement Plan

❑ **Describe:**

- how key program partners will be engaged in the evaluation and performance measurement planning processes

- the types of evaluations to be conducted (i.e. process and/or outcome)

- key evaluation questions to be answered

- potentially available data sources and feasibility of collecting appropriate evaluation and performance data

- how evaluation and performance measurement will contribute to development of that evidence base, where practice-based program strategies are being employed that lack a strong evidence base of effectiveness

- what QI system and resources will be in place to support program improvement over the life of the award.

- how evaluation findings will be used for continuous program and quality improvement.

Awardee Evaluation and Performance Measurement Plan

❑ **Describe:**

- the methodologies to be used to collect the evaluation and performance   data such as sources of data and definitions of measures

- the frequency that evaluation and performance data are to be collected

- how data will be reported

- how evaluation findings will be used for continuous program and quality improvement

- how evaluation and performance measurement will yield findings to demonstrate the value of the FOA

- dissemination channels and audiences

- other information requested, as determined by the CDC program

CDC Monitoring and Accountability Approach

❑ Tracking of awardees' progress in achieving the project period outcomes of the award.

❑ Ensuring the adequacy of awardee systems that underlie and generate data and reports.

❑ Creating an environment that fosters integrity in program performance and results.

❑ Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

❑ Working with awardees on adjusting the work plan based on achievement of strategies and outcomes, challenges encountered and changing budgets.

❑ Monitoring performance measures (both programmatic and financial) to ensure satisfactory program performance and improvement levels given timelines.

CDC Support for Awardees – Technical Assistance

❑ Implementing the core public health function requirements, selecting and prioritizing interventions

❑ Developing work, evaluation and performance measurement plans

❑ Consulting in surveillance, IT, informatics, program science, program evaluation and measurement, continuous QI methods, community engagement and collaboration models and the integration of public health and primary care

❑ Enhancing health department workforce capacity and infrastructure

❑ Disseminating current knowledge and information

❑ Providing clinical and laboratory consultation and reference diagnostic services

❑ Supporting activities relevant to PCSI, Prevention through Healthcare and Health Equity

❑ Coordinating communication and program linkages with other CDC programs and federal agencies

CDC Support for Awardees - Information Sharing Between Awardees

❑ Sharing of best and promising practices, lessons learned, challenges and innovations among awardees

❑ Supporting peer to peer TA and capacity building

❑ Facilitating dissemination of evidence- and practice-based interventions

❑ Convening committees, conference calls, and working groups related to the cooperative agreement activities and requirements

Formula Composition

❑ **50% population**
  ▪ based upon state, territorial, or city population ages 15-44 years

❑ **50% based upon disease burden, broken out by:**
  ▪ **80%** based on number of all **reported cases** of the 3 priority STDs (primary and secondary (P&S) syphilis, gonorrhea, and chlamydia).
    • Weight standardized to chlamydia: 1,420,316 CT cases/1,420,316 CT cases = 1.
    • Weight for gonorrhea: 1,420,316 CT cases/322,425 GC cases = 4.4.
    • Weight for syphilis: 1,420,316 CT cases /13,136 syphilis cases = 107.6.
  ▪ **20%** based on **rates** of these reported STDs in the population ages 15-44 years, using same weights as above

Formula Limits

❑ **Two caps on losses are applied to each jurisdiction:**

- 25 percent loss over the entire 5 year project period representing no more than a 5% reduction each year. This cap applies to 11 grantees.

- If 25% loss exceeds $1 million, cap of $1 million over the entire project period. This cap applies to 1 grantee.

❑ **Programs are guaranteed a minimum funding level of $189,000 by the end of year 5, assuming funding availability**

❑ **Total funding increase over 5 years for any one grantee is capped at $500,000**

Award Information

- **Approximate total fiscal year 1 funding**
  - Part A: $110,000,000; Part B: $300,000
- **Approximate total project period funding**
  - Part A: $550,000,000; Part B: $2,000,000
- **Average one year award**
  - Part A: $1,610,921; Part B: $10,000
- **Approximate average award for fiscal year 1**
  - Part A: $1,610,92; Part B: $10,000
- **Floor of individual award range**
  - Part A: $164,653; Part B: $5,000
- **Ceiling of Individual Award Range**
  - Part A: $7,251,076; Part B: $25,000

Application Contents

- ❑ **Table of Contents (no page limit)**

- ❑ **Project Abstract Summary (300 max word count for Part A and 150 max word count for Part B)**

- ❑ **Project Narrative (max 15 pages for Part A and max 3 pages for Part B))**

- ❑ **Work Plan (max 20 pages for Part A and max 3 pages for Part B) using the template**

- ❑ **Budget Narrative**

Review Criteria: Part A- STD AAPPS

❑ **Approach (70 points)**

- Background and purpose (3 points)

- Outcomes (2 points)

- Program strategy **(25 points total)**

  • Overview (10 points)

  • Target populations (5 points)

  • Collaborations (10 points)

- Work plan **(40 points total)**

  • Assessment (15 points)

  • Assurance (15 points)

  • Policy (10 points)

❑ **Organizational capacity of awardees to execute the approach (15 points)**

❑ **Evaluation and performance measurement (15 points)**

Review Criteria
Part B- GISP

- ❑ **Approach (35 points)**

- ❑ **Organizational capacity of awardees to execute the award (55 points)**

- ❑ **Evaluation and performance measurement (10 points)**

Review and Selection Process

- **Phase I**
    - PGO
    - CDC NCHHSTP/PGO
- **Phase II**
    - Objective review panel
- **Phase III**
    - Part B- GISP only
    - Score and rank determined by review panel

Reporting

- ❑ **Annual performance report**
- ❑ **Performance measure reporting**
- ❑ **Federal financial reporting**
- ❑ **Final performance and financial report**

Agency Contacts

❑ **For programmatic technical assistance, contact:**

- Part A- STD AAPPS: Bruce Heath: 404-639-1938; RBH5@CDC.g
- PART B- GISP: Bob Kirkcaldy: 404-639-8659; HGL8@CDC.gov

❑ **For financial, awards management, or budget assistance, contact:**

- Sheila Edwards: 770-488-1644; SEdwards@cdc.gov

❑ **For assistance with submission difficulties related to www.grants.gov, contact: www.grants.gov Contact Center: 1-800-518-4726.**

❑ **For all other submission questions, contact: 770-488-2700; pgotim@cdc.gov**

Resources

- ❑ **Webinars with health departments:**

  - ❑ June 26 – Qs and As

  - ❑ 2 program and planning improvement support

- ❑ **All FOA resources, including these slides and a recording of this webinar http://www.cdc.gov/std/foa/aapps/default.htm**

- ❑ **Email box for questions – all questions should be sent to STDAAPPSFOA@cdc.gov. Questions will be answered on the website or during the June 26th webinar**

Timeline

- **2013**
  - **June 14, 2013**: Publication Date
  - **September 12, 2013:** Applications Due
  - **December 1, 2013:** Awards Announced

- **January 1, 2014:** Awards Begin

Thank you!

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov   Web: www.cdc.gov

National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

CU4   Werre we adding the questions language here?
                 CDC User, 6/11/2013

From here, forward, PGO may cover

Determination of Eligibility

- Applicants should read the entire Eligibility Section of the FOA to determine if they are eligible.

- <u>No determinations of eligibility will be made on this call.</u> CDC will need to review each application <u>after</u> its submission in order to determine eligibility.

To apply for this FOA, visit grants.gov

Grant Application Process

Read entire Funding Opportunity Announcement (FOA). Download the **full** FOA from **www.grants.gov**. Follow all instructions and deadlines.

Keyword Search:

Search by Funding Opportunity Number:

CDC-RFA-PS11-1112

Search by CFDA Number:

SEARCH   CLEAR FORM

Search Results

New Search

Sort: Open Date, Descending   Sort by Close Date   Results 1 - 1 of 1

Open Date	Opportunity Title	Agency	Funding Number
03/28/2011	A National Coalition to Enhance STD/HIV Prevention through Promotion of a Holistic Approach to Health and Wellness	Centers for Disease Control and Prevention	CDC-RFA-PS11-1112

CDC Grant Application Process
-Register-

1. **Register NOW on www.grants.gov. In order to apply for a grant, you and/or your organization must complete the Grants.gov registration process. The registration process for an Organization can take between 3-5 business days or as long as four weeks, depending on your organization.**

   - **Obtain a DUNS number.** All federal grant applicants are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS). To obtain a DUNS number, go to: **http://www.dunsandbradstreet.com** or call 1-866-705-5711.

   - **Register in the System for Award Management (SAM).** Ask the grant administrator, chief financial officer, or authorizing official of your organization if your organization has registered with the SAM. If your organization is not registered, you can apply online by going to http://www.SAM.gov.

   - **Register through www.grants.gov**

CDC Application Process
-How to Apply-

Step 1
Download a Grant Application Package

Downloading a grant application package allows you to complete it offline and route it through your organization for review before submitting.

Click here to verify if your Adobe software version is compatible with Grants.gov.

Instructions on how to open and use the forms in the package are on the application package cover sheet. Agency specific instructions are available for download when you download your application package, which will include required information for your submission.

Step 2
Complete the Grant Application Package Step

Now that you have downloaded an application package, complete the grant application offline. Save changes to your application as you go, Grants.gov does NOT automatically save changes. The package cannot be submitted until all required fields have been completed.

View a narrated tutorial on how to complete a grant application package using Adobe. If you're having problems completing the package, view our Frequently Asked Questions.

Step 3
Submit the Completed Grant Application Package

Important information:

1. You must be completely registered on grants.gov to upload a completed application.

2. No extensions to the FOA deadline (Application Due Date) can be granted. No exceptions.

3. All applications must be submitted and accepted via www.grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.